



Department of Veterans Affairs

INCENTIVE AWARDS  
RECOMMENDATION AND APPROVAL

DATE RECEIVED

OLDE RELEASE DATE

## TYPE OF AWARD(S) RECOMMENDED (check as appropriate)

NOTE: Shaded area (Case Number) for Human Resources Use Only.

CASE NUMBER	X	AWARDS				
		SPECIAL CONTRIBUTION	TANGIBLE SAVINGS	INTANGIBLE VALUE <i>(If applicable)</i>	INTANGIBLE EXTENT <i>(If applicable)</i>	
			\$			
			AWARD VALUE	GROSS-UP <i>(If applicable)</i>	TOTAL AWARD AMOUNT <i>(Award Value + Gross-Up)</i>	
			\$ + \$ = \$			
		HONOR	SPECIFY TYPE			
		TIME OFF	TOTAL HOURS	VALUE OF CONTRIBUTION		
		QUALITY STEP INCREASE	Attach written justification and performance appraisal.			
		SPECIAL USE	CASH AWARD	AWARD VALUE	GROSS-UP <i>(If applicable)</i>	TOTAL AWARD AMOUNT <i>(Award Value + Gross-Up)</i>
			CASH EQUIVALENT			
			NON-CASH <i>(greater than \$25)</i>	\$ + \$ = \$		
			DE MINIMUS NON-CASH	CERTIFICATION: I certify that this item is not a cash equivalent and has a value of \$25 or less.		SIGNATURE

## CURRENT STATUS (Provide justification on reverse or attach separate sheet)

FACILITY NO.	NAME OF EMPLOYEE(S)	SOCIAL SECURITY NO.	AWARD AMT/ HOURS OFF	POSITION TITLE	PAY PLAN/ GRADE

PERIOD COVERED BY RECOMMENDATION		PROMOTIONS, AWARDS, QUALITY INCREASES, OTHER HONORS RECEIVED DURING LAST 12 MONTHS
SIGNATURE, TITLE AND ORGANIZATION OF RECOMMENDING OFFICIAL	DATE	

## CONCURRENCE (if required)

SIGNATURE AND TITLE	DATE	SIGNATURE AND TITLE	DATE
---------------------	------	---------------------	------

## APPROVAL

SIGNATURE OF TECHNICAL REVIEWER <i>(if required locally)</i>	DATE	SIGNATURE OF OFFICIAL AUTHORIZED TO MAKE INCENTIVE AWARDS DECISION	DATE
--	------	--	------